

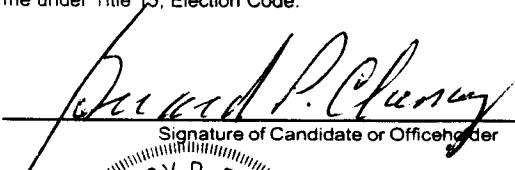
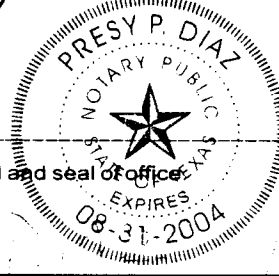
CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.		1 ACCOUNT # (Ethics Commission filers)		2 Total pages filed:	
3 CANDIDATE / OFFICEHOLDER NAME	TITLE		FIRST	MI	OFFICE USE ONLY CITY OF SAN ANTONIO CITY CLERK RECEIVED APR 24 AM 10:58
	NICKNAME		LAST	SUFFIX	
4 CANDIDATE / OFFICEHOLDER ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX:		APT / SUITE #:	CITY:	STATE:
	ZIP CODE				
5 CAMPAIGN TREASURER NAME	TITLE		FIRST	MI	Date Received
	NICKNAME		LAST	SUFFIX	
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE):		APT / SUITE #:	CITY:	STATE:
	ZIP CODE				
7 CAMPAIGN TREASURER PHONE	AREA CODE		PHONE NUMBER	EXTENSION	
8 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)				
9 PERIOD COVERED	Month		Day	Year	THROUGH
	03 / 25 / 03				04 / 23 / 03
10 ELECTION	ELECTION DATE		ELECTION TYPE		
	Month	Day	Year	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special	
11 OFFICE	OFFICE HELD (if any)		12 OFFICE SOUGHT (if known)		
	N/A		Councilman Dist 3		
13 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS <input type="checkbox"/> additional pages	** Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. **				
	Name				
	NONE				
Address / PO Box: Apt. / Suite #: City: State: Zip Code					
NONE					
GO TO PAGE 2					

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME		15 ACCOUNT # (Ethics Commission filers)	
16 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> additional pages	** This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. **		
	COMMITTEE TYPE	COMMITTEE NAME	
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS	
	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
17 NO REPORTABLE ACTIVITY <input type="checkbox"/> Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)			
18 CONTRIBUTION TOTALS	1.	TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS). UNLESS ITEMIZED	\$ - 0 -
	2.	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ - 0 -
EXPENDITURE TOTALS	3.	TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS. UNLESS ITEMIZED	\$ - 0 -
	4.	TOTAL POLITICAL EXPENDITURES	\$ 2 16
OUTSTANDING LOAN TOTALS	5.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ - 0 -
19 AFFIDAVIT I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code. <div style="text-align: right;">  Signature of Candidate or Officeholder </div> AFFIX NOTARY STAMP / SEAL ABOVE Sworn to and subscribed before me, by the said _____, this the 23 day of _____, 2004, to certify which, witness my hand and seal of office. <div style="text-align: center;">  </div> <div style="display: flex; justify-content: space-between;"> <div>Signature of officer administering oath</div> <div>Printed name of officer administering oath</div> <div>Title of officer administering oath</div> </div>			

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1

(FOR FORMS C/OH, C/OH-SS, SC-C/OH,
SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1:

1

2 FILER NAME *Jeery Clancy*

3 ACCOUNT # (Ethics Commission filers)

4 Date
4-24-03

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
NOVC

7 Amount of
contribution (\$)

-0-

8 In-kind contribution
description (if applicable)

-0-

6 Contributor address; City; State; Zip Code

9 Principal occupation (Optional)

10 Employer (Optional)

Date

Full name of contributor ☐ out-of-state PAC (ID# _____)

Amount of
contribution (\$)

In-kind contribution
description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation (Optional)

Employer (Optional)

Date

Full name of contributor ☐ out-of-state PAC (ID# _____)

Amount of
contribution (\$)

In-kind contribution
description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation (Optional)

Employer (Optional)

Date

Full name of contributor ☐ out-of-state PAC (ID# _____)

Amount of
contribution (\$)

In-kind contribution
description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation (Optional)

Employer (Optional)

Date

Full name of contributor ☐ out-of-state PAC (ID# _____)

Amount of
contribution (\$)

In-kind contribution
description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation (Optional)

Employer (Optional)

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If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

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PLEDGED CONTRIBUTIONS**SCHEDULE B1**

(FOR FORMS C/OH, SC-C/OH, SC-SPAC, & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule B1:

1

2 FILER NAME

Jerrey Clancy

3 ACCOUNT # (Ethics Commission filers)

4 TOTAL OF UNITEMIZED PLEDGES: ⇒ ⇒ ⇒ ⇒ ⇒ ⇒

\$

5 Date

4-24-03

6 Full name of pledgor

None

☐ out-of-state PAC (ID#: _____)8 Amount of
pledge (\$)

- 0 -

9 In-kind description
(if applicable)

- 0 -

7 Pledgor address;

City; State; Zip Code

10 Principal occupation (optional)

11 Employer (optional)

Date

Full name of pledgor

☐ out-of-state PAC (ID#: _____)Amount of
pledge (\$)In-kind description
(if applicable)

Pledgor address;

City; State; Zip Code

Principal occupation (optional)

Employer (optional)

Date

Full name of pledgor

☐ out-of-state PAC (ID#: _____)Amount of
pledge (\$)In-kind description
(if applicable)

Pledgor address;

City; State; Zip Code

Principal occupation (optional)

Employer (optional)

Date

Full name of pledgor

☐ out-of-state PAC (ID#: _____)Amount of
pledge (\$)In-kind description
(if applicable)

Pledgor address;

City; State; Zip Code

Principal occupation (optional)

Employer (optional)

Date

Full name of pledgor

☐ out-of-state PAC (ID#: _____)Amount of
pledge (\$)In-kind description
(if applicable)

Pledgor address;

City; State; Zip Code

Principal occupation (optional)

Employer (optional)

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LOANS**SCHEDULE E**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule E:

1

2 FILERNAME *JERRY CLANCY***3** ACCOUNT # (Ethics Commission filers)**4** TOTAL OF UNITEMIZED LOANS: ⇒ ⇒ ⇒ ⇒ ⇒ ⇒\$ *0.00***5** Date of loan*NONE***7** Name of lender☐ out-of-state PAC (ID#: _____)*NONE***9** Loan Amount (\$)*- 0 -***6** Is lender a financial Institution?

Y N

8 Lender address; City; State; Zip Code**10** Interest rate*- 0 -***11** Maturity date*NONE***12** Description of Collateral☐ none*NONE***13** GUARANTOR INFORMATION☐ not applicable**14** Name of guarantor**15** Guarantor address; City; State; Zip Code**16** Amount Guaranteed (\$)**17** Principal Occupation**18** Employer

Date of loan

Name of lender

☐ out-of-state PAC (ID#: _____)

Loan Amount (\$)

Is lender a financial Institution?

Y N

Lender address; City; State; Zip Code

Interest rate

Maturity date

Description of Collateral

☐ none

GUARANTOR INFORMATION

☐ not applicable

Name of guarantor

Guarantor address; City; State; Zip Code

Amount Guaranteed (\$)

Principal Occupation

Employer

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.**RECEIVED
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POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F:	
2 FILER NAME <i>Jerry Clancy</i>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <i>4/03</i>	5 Payee name <i>JERRY CLANCY</i>	7 Amount (\$) <i>-- 0 --</i>	
6 Payee address; City; State; Zip Code <i>3502 Woodville San Antonio Tx 78223</i>			
8 Purpose of payment (See instructions regarding type of information required.)		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held	
Date	Payee name	Amount (\$)	
Payee address; City; State; Zip Code			
Purpose of payment (See instructions regarding type of information required.)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held	
Date	Payee name	Amount (\$)	
Payee address; City; State; Zip Code			
Purpose of payment (See instructions regarding type of information required.)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held	
Date	Payee name	Amount (\$)	
Payee address; City; State; Zip Code			
Purpose of payment (See instructions regarding type of information required.)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held	

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule G:

2 FILER NAME

JEERY CLANCY

3 ACCOUNT # (Ethics Commission filers)

4 Date

04/03

5 Payee name

U.S. POST. OFFICE

6 Payee address; City; State; Zip Code

CLARK @ SOUTHCROSS SAN ANTONIO, TX
78223

7 Purpose of expenditure (See instructions regarding type of information required.)

8 Amount (\$)

2 ¹⁶

☐ Reimbursement from political contributions intended

Date

Payee name

Payee address; City; State; Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

Amount (\$)

☐ Reimbursement from political contributions intended

Date

Payee name

Payee address; City; State; Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

Amount (\$)

☐ Reimbursement from political contributions intended

Date

Payee name

Payee address; City; State; Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

Amount (\$)

☐ Reimbursement from political contributions intended

Date

Payee name

Payee address; City; State; Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

Amount (\$)

☐ Reimbursement from political contributions intended

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PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule H:
2 FILER NAME <u>JERRY CLANCY</u>		3 ACCOUNT # (Ethics Commission filers)
4 Date <u>4-23-03</u>	5 Business name <u>NONE</u>	7 Amount (\$) <u>-0-</u>
6 Business address; City; State; Zip Code		
8 Purpose of payment (See instructions regarding type of information required.)		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date	Business name Business address; City; State; Zip Code	Amount (\$)
Purpose of payment (See instructions regarding type of information required.)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date	Business name Business address; City; State; Zip Code	Amount (\$)
Purpose of payment (See instructions regarding type of information required.)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date	Business name Business address; City; State; Zip Code	Amount (\$)
Purpose of payment (See instructions regarding type of information required.)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date	Business name Business address; City; State; Zip Code	Amount (\$)
Purpose of payment (See instructions regarding type of information required.)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held

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NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule I:

2 FILER NAME

JERRY CLANCY

3 ACCOUNT # (Ethics Commission filers)

4 Date

4-23-03

5 Payee name

NONE

8 Amount
(\$)

- 0 -

6 Payee address; City; State; Zip Code

7 Purpose of expenditure (See instructions regarding type of information required.)

Date

Payee name

Amount
(\$)

Payee address; City; State; Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

Date

Payee name

Amount
(\$)

Payee address; City; State; Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

Date

Payee name

Amount
(\$)

Payee address; City; State; Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

Date

Payee name

Amount
(\$)

Payee address; City; State; Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

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CREDITS (optional)**SCHEDULE K**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule K:
2 FILER NAME <i>Jerry Clancy</i>		3 ACCOUNT # (Ethics Commission filers)
4 Date	5 Payor name <i>NONE</i>	8 Amount (\$) <i>0</i>
	6 Payor address; City; State; Zip Code	
	7 Reason for credit	
Date	Payor name	Amount (\$)
	Payor address; City; State; Zip Code	
	Reason for credit	
Date	Payor name	Amount (\$)
	Payor address; City; State; Zip Code	
	Reason for credit	
Date	Payor name	Amount (\$)
	Payor address; City; State; Zip Code	
	Reason for credit	
Date	Payor name	Amount (\$)
	Payor address; City; State; Zip Code	
	Reason for credit	
Date	Payor name	Amount (\$)
	Payor address; City; State; Zip Code	
	Reason for credit	

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**CANDIDATE / OFFICEHOLDER REPORT:
DESIGNATION OF FINAL REPORT****FORM C/OH - FR**

The Instruction Guide explains how to complete this form.

** Complete only if "Report Type" on page 1 is marked "Final Report" **

1 C/OH NAME**2 ACCOUNT #** (Ethics Commission filers)**3 SIGNATURE**

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.

Signature of Candidate / Officeholder**4 FILER WHO IS NOT AN OFFICEHOLDER**** Complete A & B below *only* if you are a candidate ****A. CAMPAIGN FUNDS**

Check only one:

- ☐ I do not have unexpended contributions or unexpended interest or income earned from political contributions.
- ☐ I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

B. ASSETS

Check only one:

- ☐ I do not retain assets purchased with political contributions or interest or other income from political contributions.
- ☐ I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.

Signature of Candidate**5 OFFICEHOLDER**** Complete this section *only* if you are an officeholder **

- ☐ I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file.

Signature of OfficeholderRECEIVED
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